

# Sandy Parks & Recreation Registration Form

(NOT applicable for Alta Canyon Programs or Recreation Team Programs, such as Soccer, Jr Jazz, Baseball, etc.

P: (801) 568-2900

F: (801) 561-6733



## Program Registration:

Registration for summer programs can be done on-line at [www.sandy.utah.gov/parks](http://www.sandy.utah.gov/parks), or by mail, or walk-in at the **Parks & Recreation Office, 440 East 8680 South, Sandy, Utah 84070**. Office hours are 8:00 a.m. to 6:00 p.m. Monday through Friday. Payments can be made by cash, check, VISA, MasterCard, Discover or American Express.

## Registration Policies:

- Registration is on a first come, first served basis. Early registration is encouraged.
- Persons are not registered until fees are paid and registration form is received. The agency reserves the right to cancel classes when minimum enrollment has not been met. Full refunds are mailed when classes are canceled.
- If the desired class is filled, your name may be put on a waiting list (no guarantees). Additional classes may be formed upon demand, if instructors and facilities are available.

## Refund Policy:

Refunds for recreation programs are granted if a request is received seven days prior to the beginning date of the program. A \$15.00 administrative charge will be assessed on all refunds.

## 2010 INDIVIDUAL REGISTRATION FORM

This form may also be downloaded on-line at [www.sandy.utah.gov/parks](http://www.sandy.utah.gov/parks)

Please check ONE  
box for preferred  
phone number

PARENT/GUARDIAN NAME PHONE: DAY ☐ EVENING ☐ CELL ☐

ADDRESS CITY ZIP ELEMENTARY SCHOOL AREA

E-MAIL ADDRESS (optional) MEDICAL RESTRICTIONS

PERSON TO NOTIFY IN CASE OF EMERGENCY RELATIONSHIP TO PARTICIPANT PHONE

PARTICIPANT'S NAME	DOB/ GENDER	PROGRAM	LOCATION	DATE/ TIME	COST
SHIRT SIZE:					TOTAL COST: \$

## RELEASE CONSENT FOR MEDICAL TREATMENT AGREEMENT

As the parent or guardian of the participant, I hereby consent that he/she may participate in Sandy City Recreation Program(s) in 2010 and I hereby state that the information contained herein is true and complete.

1. RELEASE, INDEMNIFY, TRANSPORTATION. Recognizing the possibility of physical injury associated with participation in Sandy City Recreation Program(s), I hereby release and agree to hold harmless and indemnify Sandy City and associated organizations and personnel from and against any claims by or on behalf of the participant for any damage against any claim by or on behalf of the participant for any damage or injury he/she or I may suffer including legal fees, as a result of his/her participation in the program, including transportation to and from activities.
2. EMERGENCY MEDICAL CARE. I hereby give my consent for emergency medical treatment by Sandy, its employees, agents or health care provider(s) designated by them, in accordance with their best judgment.
3. INSURANCE. I understand that I should have health and accident insurance to cover injuries arising from participation in the program(s).
4. MEDIA RELEASE. I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

## Insurance Company

## Insurance Identification Number

I understand that \$15.00 of the registration is non refundable. Sandy City reserves the right to cancel a class due to inadequate registration. Refunds will be made in full in this event. No refunds will be given after the program(s) begin.

## Parent Signature

## Date

For more information call 568-2900. Mail or bring this form to Sandy Parks & Recreation - 440 East 8680 South, Sandy, Utah 84070  
Sandy City provides Equal Opportunity to participate regardless of Race, Creed, Sex or Disability.

Receipt #: Amount: \$ Date Paid: By: